

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2260.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 8-3-01 through 8-22-01.
- b. The request was received on 8-6-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-27-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-30-02. The response from the insurance carrier was received in the Division on 9-13-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Letter of Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 9-20-02:
 “DOS were NO EOB WAS RECEIVED – Carrier was initially billed and didn’t respond. Provider then sent a request for reconsideration on June 21, 2002. Proof that carrier received request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307 (j) (2) says only the reason brought up by carrier can be heard at MDR.
2. Respondent: Letter dated 9-12-02:
 “Provider is requesting reimbursement of \$1,520.00 for dates of service from August 3, 2001 through August 22, 2001. On the MR-116 from the Division dated August 15, 2002, only dates of service from August 3, 2001 through August 10, 2001 have been recognized as the dates of service under review...Carrier encloses EOB’s showing that payment was made to provider for dates of service from August 3, 2001 through August 10, 2001...Those checks have been cashed by Provider...Provider provided a FCE on August 22, 2001. Although Provider charged for five hours of testing, the beginning and ending times show that only 4.5 hours of testing was performed.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 8-7-01 through 8-22-01. Date of service 8-3-01 is not within the Commission’s jurisdiction and cannot be reviewed pursuant to rule 133.307 (d) (1).
2. The carrier denied the billed services as reflected on the EOBs as, “00663 – TED ACCORDING TO THE STATE FEE SCHEDULE GUIDELINES OR USUAL AND CUSTOMARY AMOUNTS”; “F – FEE GUIDELINE MAR REDUCTION”.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
8-7-01 8-8-01 8-9-01 8-10-01	99213 99213 99213 99213	\$48.00 for all dates of service	\$-0- \$-0- \$-0- \$-0-	No denial code noted	\$48.00	MFG; Medicine Ground Rules (I) (A) (10); CPT Descriptor	The Carrier’s EOBs indicated that the disputed dates of service for code 99213 had been recommended for payment at MAR value. Therefore the medical review division concurs with the recommended payment of \$192.00 . (\$48.00 x 4 dates o service = \$192.00.
8-7-01 8-8-01 8-9-01 8-10-01	97265 97265 97265 97265	\$43.00 for all dates of service	\$-0- \$-0- \$-0- \$-0-	No denial code noted	\$43.00	MFG; Medicine Ground Rules (I) (A) (10); CPT Descriptor	The Carrier’s EOBs indicated that the disputed dates of service for code 97265 had been recommended for payment at MAR value. Therefore the medical review division concurs with the recommended payment of \$172.00 . (\$43.00 x 4 dates o service = \$172.00.

8-7-01 8-8-01 8-9-01 8-10-01	97250-59 97250-59 97250-59 97250-59	\$43.00 for all dates of service	\$-0- \$-0- \$-0- \$-0-	No denial code noted	\$43.00	MFG; Medicine Ground Rules (I) (A) (10); CPT Descriptor	The Carrier's EOBs indicated that the disputed dates of service for code 99213 had been recommended for payment at MAR value. Therefore the medical review division concurs with the recommended payment of \$192.00 . (\$48.00 x 4 dates o service = \$192.00.
8-8-01 8-9-01 8-10-01	97110 97110 97110	\$105.00 \$ 70.00 \$105.00	\$-0- \$-0- \$-0-	No denial code noted	\$35.00 per 15 minute unit	MFG; Medicine Ground Rules (I) (A) (10); CPT Descriptor	The Carrier's EOBs indicated \$35.00 for each date of service had been recommended. \$35.00 represents 1 unit of 97110 for each date in dispute. The HCFA 1500s support that three units were billed. Recent reviews of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes "one-on-one." The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. Therefore, the provider is not due any additional reimbursement.
8-22-01	97750	\$500.00	\$-0-	F	\$100.00 per hr.	MFG; Medicine Ground Rules (I) (E); CPT Descriptor	The Carrier has denied the disputed service as "F". Documentation supports that the services were rendered. However, start time for the FCE was noted as 10:02 a.m. and end time was 2:30 p.m. Therefore provider is entitled to only 4 ½ hours which = \$450.00. Therefore, reimbursement is recommended in the amount of \$450.00 .
Totals		\$1,351.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$1,006.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,006.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of January 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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